

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		02-12
O.I.P.E. CLASSIFIER			10 2-19-02
FORMALITY REVIEW	MM	572	02-20-02
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓
2	✓
3	✓ =
4	✓ =
5	✓ =
6	✓ =
7	✓ =
8	✓ =
9	✓ =
10	✓ =
11	✓ =
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	0 0
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ =
21	0
22	0
23	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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